PATENT

IFW

Atty. Docket: 2500 DIV 2 CON2 DIV3 CON3

(203-3515 DIV2 CON2 DIV3 CON3)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Peter M. Bonutti

Examiner: Thaler, Michael H.

OTHER THAN

Serial No.:

10/729,668

Group: Art Unit 3731

Filed:

December 5, 2003

Dated: July 11, 2006

For:

FLUID OPERATED RETRACTORS

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

[]	Small entity status of this application under	r 37 C.F.R.	§ 1.9 and	1.27	has	been	establis	shed by	a
	verified statement previously submitted.				,				

[] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

[X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)		LL ENTITY	SMALL ENTITY		
	AFTE	AINING	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT.	OR	RATE	ADDIT. FEE
TOTAL	33*	MINUS	101**	= 0	X 25	\$	x	50	\$ 0
INDEP.	2*	MINUS	6**	= 0	X 100	\$	X	200	\$ 0
☐ FIRST PRESEN	TATION	OF MUL	TIPLE DEP. CLA	IM	X 180	\$	х	360	\$ 0
					TOTAL		OR T	OTAL	\$ 0

ADDIT. FEE \$ -0-

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 11, 2006.

Dated:

July 11, 2006

Dana A. Brussel

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

[]	Please charge Deposit Account No. 21-0550 in the amount of \$ Two (2) copies of this sheet are enclosed.
[]	A check in the amount of \$ is enclosed.
[X]	Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account

No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Dana A. Brussel
Reg. No. 45,717
Attorney for Applicant

Carter, DeLuca, Farrell & Schmidt, LLP

445 Broad Hollow Road, Suite 225 Melville, New York 11747

Tel.: (631) 501-5700 Fax: (631) 501-3526

Correspondence Address:

Chief Patent Counsel
United States Surgical,
a Division of Tyco Healthcare Group, LP
195 McDermott Road
North Haven, CT 06473

DAB/mb